

**Record of Meals Served**  
**Child and Adult Food Program**  
**Kentucky Department of Education**  
**School and Community Nutrition**

<b>Adult Day Care Only</b>
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**Name of Center:** \_\_\_\_\_**Month:** \_\_\_\_\_

Record of Meals Served to Participants						
Date	Breakfast	AM Supplement	Lunch	PM Supplement	Supper	Total Daily Attend.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
<b>Total</b>						

Milk on hand after last meal service of the previous month\_\_\_\_\_